

TIME SENSITIVE MATERIAL

01272 ET VANCOUVER REGIONAL LIBRARY CHER STARKEL 1007 E MILL PLAIN BLVD VANCOUVER, WA 98663-3504

Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions **before** completing.

Estimated Average Burden **Hours** Per Response: 1.5 hours (To be completed by Schools and Libraries or Consortia.)

A N C D'II 15 de la company			4 D'11 1 E	· NT 1	10 E 11 W
1. Name of Billed Entity Applicant (required)			(required	ntity Number	3. Funding Year
Fori Vancouver Regional Library			145368	1)	(required) 7/1/2002- 6/30/2003
10-Digit Phone Number 360-695-1561	Fax Telephone Number	360-693-2		E-Mail Addr	988
pduitman@fml.org	Tax Telephone Tumber	300 073 2	2001	L Man / Iddi	033
5. Contact Person Information					
Contact Person Name (required) Cher Starkel					
I					
Mailing Address (required if different from Item 4)					
Street Address, P. O. Box or Route Number	City	State		Zip Code	
10-DigitPhone Number 360-906-2327 cstarkel@firl.org	Fax Telephone Number	360-906	-2326	E-Mail	Address
Persons willfully making false statements on this form can be	e punished by fine or forfeiture,	under the Co	mmunication	s Act., 47 U.S.C. S	ecs. 502, 503(b), or fine

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or Order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 2054 Evaluation and Records Management, Washington, D.C.

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)	
---	--

Billed Entity Name FVRL	Contact Name Cher Starke		
Billed Entity Number 145368	Contact Telephone Number 360-906-2327		
Block 2: S i Adjust t: Fi	ill i one Block 2 for EACH F di	Re (FRN) affected. If you	
space provided here: Page 2 A			
The information required can be found Request (FRN) being affected.	in your Funding Commitment Decision	Letter (FCDL) pertaining to the Funding	
To launch the submission of invoices for			
	FICATION OF THE FRN TO BE A	ADJUSTED	
(A) Form 471 Application Number (B) Funding Request Number (requ			
(C) Billing Account Number (required, if contained in your FCDL):N15EHP5894108			
D Service Provider Name (require			
(E) Service Provider SPIN (required): 143004786			
AD:	IUSTMENT TO FRN LISTED AB	OVE:	
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(G) C it tll Date	Original Date (1 1/2	New t /d	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount	New Commitment Amount	
	from FCDL:	AFTER Reduction:	
Please Reduce	2100.00	104.89	

Billed Entity Name FVRL	Contact Name Cher	Starker	
Billed Entity Number 145368	Contact Telephone Number 360-906-2327		
Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2			
 6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. 			
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected. To launch the submission of invoices for payment, please file Form 486.			
IDENTIF	ICATION OF THE FRN TO BE AI	DJUSTED	
(A) Form 471 Application Number			
(B) Funding Request Number (requi	, - ,		
<u> </u>	red, if contained in your FCDL):016R2	207684999	
(D) Service Provider Name (require	•	B0100.333	
(E) Service Provider SPIN (required			
(E) Service Flovider SELIX (required). 143002300			
ADI	USTMENT TO FRN LISTED ABO	N TE: a	
	Original Date (mm/dd/yyyy):	,	
(F) Service Start Date	Original Date (null/dd/yyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(G) Contract Expiration to	Original Date (mm/dd/	l Date (1 '	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) ReduceFRN	Original Commitment Amount from FCDL	New Commitment Amount AFTER Reduction:	
	2340.00	365.91	
Please Reduce			

Billed Entity Name FVRL	Contact Name Che	Contact Name Cher Starkel	
Billed Entity Number 145368	Contact Telephon	lephone Number 360-906-2327	
•	ill in one Block 2 for EACH Fundin 2, please number your pages 2A, 2B,	ng Request (FRN) affected. If you , 2C, etc. and write the number in the	
 6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. 			
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected. To launch the submission of invoices for payment, please file Form 486.			
	TICATION OF THE FRN TO BE A	DJUSTED	
(:A) Form 471 Application Number			
(B) Funding Request Number (required): 772804			
(C) Billing Account Number (required, if contained in your FCDL):541D076341341			
(D) Service Provider Name (required): Qwest Interprise			
(E) Service Provider SPIN (required): 143000 12.			
ADJ	JUSTMENT TO FRN LISTED ABO	OVE:	
(F) Service Start Date	Original Date (mmlddyyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(G) Contract Expiration Date	Original t /	New Date (mm/dd/yyyy):	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) Reduce FRN	Original Commitment Amount	New Commitment Amount	
	from FCDL:	AFTER Reduction:	
Please Reduce	888.00	148.24	

Billed Entity Name FVRL	Contact Name Cher Starkel		
Billed Entity Number 145368	Contact Telephone Number 360-906-2327		
	ill in one Block 2 for EACH Fundir		
	2, please number your pages 2A, 2B,	, 2C, etc. and write the number in the	
space provided here: Page2 D	<u> </u>		
	about each service cited in your Form 47	71 Block 5, Discount Funding Request,	
[FRN] for which you want to take	one of the following actions: this form must be for the same Fundi r	ng Voor og ligted in Itom 2 Rlook 1	
	h to change the Funding Year Service St		
	ng year. This action will NOT result in n		
Contract Expiration Date:	If you wish to change the ending date for	or services. This action will not result in	
	ould combine it with a reduction in fund		
	cel a Funding Request Number. Please r		
	ated later. This action would allow mon e commitment to other applicants.	ey to be put back into the Universal	
		nent for a particular FRN. This action is	
		on would allow money to be put back into	
	and for possible commitment to other app		
	-		
	in your Funding Commitment Decision	Letter (FCDL) pertaining to the Funding	
Request (FRN) being affected.			
To launch the submission of invoices for	or payment, please file Form 486.		
	TCATION OF THE FRN TO BE A	DJUSTED	
(A) Form 471 Application Number			
(B) Funding Request Number (requ	······································		
(C) Billing Account Number (requi	red, if contained in your FCDL): 1007	75313	
(D) Service Provider Name (require	ed):Verio NW		
(E) Service Provider SPIN (required): 143006674			
	USTMENT TO FRN LISTED ABO		
(F) Service Start Date	Original Date (mmlddyyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
ChangeDate			
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
		\$0.00	
☐ Please Cancel			
(A) D. L. EDW		N. G.	
(I) ReduceFRN	Original Commitment Amount	New Commitment Amount	
	from FCDL:	AFTER Reduction:	
	10776.00	5388.00	
Please Reduce			

'age 2 of 3

Billed Entity Name FVRL	Contact Name Cho	Contact Name Cher Starkel	
Billed Entity Number 145368	Contact Telepho	Contact Telephone Number 360-906-2327	
Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the yaceprovidedhere: Page 2			
6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.			
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.			
To launch the submission of invoices for			
	ICATION OF THE FRN TO BE	ADJUSTED	
(A) Form 471 Application Number (required):291242			
(B) Funding Request Number (required): 773294 (C) Billing Account Number (required, if contained in your FCDL):N/A			
(D) Service Provider Name (require		•	
(E) Service Provider SPIN (required			
(L) betvice Flovider of It (required). Floodoov i			
ADJ	USTMENT TO FRN LISTED AB	OVE:	
(F) Service Start Date	Original Date (mmlddyyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(G Contract Expiration D to	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) ReduceFRN	Original commitment Amount	New Commitment Amount	
•	from FCDL:	AFTER Reduction:	
	4086.00	2043.00	
Please Reduce			

Billed Entity Name FVRL	Contact Name Che	Contact Name Cher Starkel	
Billed Entity Number 145368	Contact Telephone Number 360-906-2327		
		ng Request (FRN) affected. If you", 2C, etc. and write the number in the	
6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.			
The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected. To launch the submission of invoices for payment, please file Form 486 .			
IDENTIF	ICATION OF THE FRN TO BE A	ADJUSTED	
(A) Form 471 Application Number	(required):291242		
(B) Funding Request Number (requ	ired): 773313		
(C) Billing Account Number (require	red, if contained in your FCDL):N/A		
(D) Service Provider Name (require	d):Verio NW		
(E) Service Provider SPIN (required	1):143006674		
ADJUSTMENT TO FRN LISTED ABOVE:			
(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(G) Contract Expiration Date	Original Date (mm/dd/	New Date (mm/dd/yyyy):	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) ReduceFRN	Original Commitment Amount	New Commitment Amount	
	from FCDL:	AFTER Reduction:	
Please Reduce	4086.00	2043.00	

Billed Entity Name FVRL	Contact Name Cher Starkel		
Billed Entity Number 145368	Contact Telephone Number 360-906-2327		
Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected:. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2			
6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions: Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1. New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding. Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding. Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants. Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.			
Request (FRN) being affected. To launch the submission of invoices for payment, please file Form 486. IDENTIFICATION OF THE FRN TO BE ADJUSTED			
(A) Form 471 Application Number		ADJUSTED	
(B) Funding Request Number	773817		
(C) Billing Account Number (required, if contained in your FCDL):541d076340340			
(D) Service Provider Name (require			
(E) SPIN ii	/3000122		
ADI	HICTMENT TO EDNI LICTED AD		
(F) Service Start Date	USTMENT TO FRN LISTED ABOUTED	New Date (mm/dd/yyyy):	
Change Date	Oliginal Date (Milback)	Thew Bute (name day)))))	
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
ChangeDate			
(H) CancelFRN	Original Commitment Amount:	New Commitment Amount:	
Please Cancel		\$0.00	
(I) ReduceFRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:	
V Please Reduce	1056.00	83.43	

Do Not Write In This Area Billed Entity Name Fort Vancouver Regional Library **Contact Name Cher Starkel Billed Entity Number 145368** Contact Telephone Number 360-906-2327. **Block 3: Certification** 7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those 9. I recognize tha I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form. 10, Signature (original jak signature required) 11. Date (required)November 18, 2002 Vietman 12. Printed name of authorized person (required)Patricia Duitman 13. Title or position of authorized person (required) Associate Director **14.** Telephone **number** of authorized person (required) 360-695-1561 15. E-Mail address of authorized person (required, if available)pduitman@fvrl.org

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

SLD-Form 500 P. *O.* Box 7026 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

16. Address of authorized person (required) 1007 E Mill Plain Blvd, Vancouver, WA 98663

SLD-Form 500 c/o Ms. Smith 3833 Greenway Drive Lawrence, Kansas 66046 888-203-8100

Page 3 of **3**

FCC Form 500 - April 2000



Universal Service Administrative Company

Schools & Libraries Division

EORM 500 NOTIFICATION LETTER (Eunding Year 2002: 07/01/2002 - 06/30/2003)

January 06, 2003

FT VANCOWER REGIONAL LIBRARY CHER STARKEL 1007 E MILL PLAIN BLVD VANCOWER, WA 98663

Re: Form 500 Application Number: 203159
Applicant's Form 500 Identifier: FVRLYR5

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company has received and accepted an FCC Form 500 (Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form) from you. This notification is to confirm the information that you provided. This information is being shared with the Service Provider whose SPIN you identified on the affected Funding Request (FRN).

NOTICE ON SERVICE START DATE

There may be some situations where the New Service Start Date as reflected on this letter has been changed from what you indicated on the Form 500. The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. Additionally, applicants cannot use the Form 500 to change the Service Start Date from an adjusted Service Start Date on the Form 486. You will know that a change has been made if there is an asterisk (*) next to the New Service Start Date. It is important that you and the service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved services actually delivered and installed after the New Service Start Date indicated on this letter.

TO APPEAL THE SERVICE START DATE CHANGE DECISION

If you wish to a peal the Service Start Date change(s) indicated in this letter, your appeal must be RECEIVED BY THE SCHOOLS AND LIBRARIES DIVISION (SLD) WITHIN 60 DAYS OF THE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- 1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
- State outright that your letter is an appeal. Identify which FRN Service Start
 Date change you are appealing. Indicate the relevant funding year and the date of
 this Form 500 Notification Letter. Your letter of appeal must also include the
 relevant Funding Request Number(s), the applicant name, the Form 471 Application

Number, and the Billed Entity Number from your Form 500.

- 3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
- 4. Provide an authorized signature on your letter of appeal.

If You are submitting your appeal on paper, please send Your appeal to: Letter of A eal, Schools and Libraries Division Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site <www.sl.universalservice.org> or by calling the Client Service Bureau at 1-888-203-8100.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directl with the Federal Communications Commission (FCC). You should refer to CC Docket Nos 36-45 and 97-21 on the first page of your appeal to the FCC Your appeal must be RECEIVED BY THE FCC WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by calling the Client Service Bureau. We strongly recommend that you use the electronic filing options because of continued substantial delays in mail delivery to the FCC. If you are submitting your appeal via United States Postal Service send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 26554.

NOTICE ON INVOICING

INVOICING DEADLINES: After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant. Form 474, Service Provider Invoice Form, is filed by the service provider. Invoices must be postmarked no later than 120 calendar days after the last date to receive service or 120 calendar days after the date of the Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

Please note that the SLD encourages service providers to work with their customers to establish whether discounts will appear on bills or whether customers prefer a reimbursement process. The SLD will process either reimbursements based on Form 472 (BEAR) or discounts based on Form 474 (SPIF) for a given FRN. Once established, however, the selected process - SPIFs or BEARs - must be used consistently for the entire funding Year.

NOTE: The SLD will base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode.

EXPLANATION OF INFORMATION PROVIDED IN THE FORM 500 NOTIFICATION LETTER

On the following pages is a list of HRNs for which you have notified us you are making a modification. To help you understand this list the following definitions are provided. Most of these are identical to the definitions that were included in the Funding Commitment Decision Letters (FCDL) earlier sent to you.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an applacation has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

Form 471 Application Number: A unique identifier assigned to a Form 471 application by the SLD.

Service Provider Name; The name of the service provider that you identified as providing the service included in this FRN.

Service Provider Identification Number: The unique number assigned by USAC to the service provider you identified as providing the service included in this FRN.

Billing Account Number: The account number that you have established with your service provider for billing purposes. This will be present only if a Billing Account Number was provided on Form 471.

Service Start Date Chamge (SHOWN ONLY IF REQUESTED); The New Service Start Date as indicated on the Form 500. If this date is marked with an asterisk, it was changed by

Applicant Form 500/Schools and Libraries Division/USAC Page 2 of 4 01/06/2003

SLD to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on services delivered prior to this date.

Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT): If the Service Start Date is marked with an asterisk, this field will appear to explain why SLD changed the date. One of the following explanations may appear:

AVSCD: The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If you indicated an earlier SSD on the Form 486, SLD changed the SSD to the AVSCD.

 $486\ \text{DEADLINE}$: Applicants can not use the Form 500 to change the Service Start Date from an adjusted Service Start Date on the Form 486. If you indicated an earlier SSD on the Form 500, SLD changed the SSD to what was reflected on the Form 486 Notification letter sent to both the applicant and the service provider.

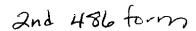
Contract Expiration Date Change (SHOWN ONLY IF REQUESTED): The Original Contract Expiration Date as shown on the Form 471 and the New Contract Expiration Date. A contract extension does not result in more money being committed to the FRN; the funding remains at the level provided in the Funding Commitment Decision Letter, but an extension may provide more time for the provision of service.

Cancel FRN (SHOWN ONLY IF REQUESTED 1: The Original Commitment Amount as shown in the Funding Commitment Decision Let er (FCDL) and a New Commitment Amount of \$0.00. Canceling an FRN is an irrevocable action.

Reduce FRN (SHOWN ONLY IF REQUESTED): The Original Commitment Amount as shown in the Funding Commitment Decision Letter (FCDL) and the New Commitment Amount After Reduction. The New Commitment Amount will become the new cap for the FRN. Reducing an FRN is an irrevocable action.

FORM 500 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS (Funding Year 2002)

```
Fundin Request Number: 762187
Form 4% Application Number: 291242
Service Provider Name: Verizon - Northwest Inc
Service Provider Identification Number: 143004786
Billing Account Number: N15EHP5894108
Contract Expiration Date Change: 06/30/2003
Reduce FRN: $1,239.00; $104.89
 Fundin Request Number: 762198
Form 4% Application Number: 291242
Service Provider Name: Sprint/United Tele hone Northwest
Service Provider Identification Number: 193002588
Billing Account Number: 0168207684999
Contract Expiration Date Chan e: 06/30/2003
Reduce FRN: $1,661.40; $365.97
 Fundin Request Number: 772804
Form 4% Application Number. 291242
Service Provider Name: Owest Interprise America Inc. fka US West Interprise Americ Service Provider Identification Number: 143000152
Billing Account Number: 541 D07 6341 341
Contract Expiration Date Change: 06/30/2003
Reduce FRN: $523.92; $148.24
Verio Northwest/Portland
Funding Request Number: 773294
Form 471 Application Number: 291242
Service Provider Name: Vcrio fka Verio Northwest/Portland
Service Provider Identification Number: 143006674
Billing Account Number: N/A
Contract Expiration Date Change: 06/30/2003
Reduce FRN: $2,860.20; $2,043.00
Fundin Request Number: 773313
Form 4% Application Number: 291242
Service Provider Name: Verio fka Verio Northwest/Portland
Service Provider Identification Number: 143006674
Billing Account Number: N/A
Contract Expiration Date Change: 06/30/2003
Reduce FRN: $2,655.90; $2,043.00
Funding Request Number: 773817
Form 471 Applrcation Number. 291242
Service Provider Name: Owest Interprise America Inc. fka US West Interprise Americ Service Provider Identification Number: 143000152
Billing Account Number: 541 D07 6340 340
Contract Expiration Date Change: 06/30/2003
Reduce FRN: $749.76; $83.43
```





Universal Service Administrative Company

Schools & Libraries Division

FORM 486 NOTIFICATION LETTER (Funding Year 2002: 07/01/2002 - 06/30/2003)

11164117

February 26, 2003

FT VANCOUVER REGIONAL LIBRARY CHER STARKHL 1007 E MILL PLAIN BLVD VANCOWER WA 98663-3504

Re: Form 486 Application Number: 206770

Applicant's Form 486 Identifier: FVRLYR5-1

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company has received and accepted an FCC Form 486 (Receipt of Service Confirmation Form) from you. This notification is to confirm the information that you provided. This information is being shared with 'the service provider whose SPIN you identified on the affected Funding Request Number(s) (FRN).

NOTICE ON SERVICE START DATE

There may be some situations where one or more Service Start Dates as reflected on this letter have been changed from what you indicated on the Form 486. Such changes are made by the SLD to be in compliance with program rules. You will how that a change has been made if there is an asterisk next to the Service Start Date. If the SLD changed the Service Start Date, that may have triggered a reduction in the funding commitment if the change of Service Start Date reduced the number of months for which discounts on recurring services could be provided. Whatever Service Start Date and funding commitment amount are listed, it is important that you and the Service Provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved services actually delivered and installed on or after the Service Start Date indicated on this letter.

TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION

If you wish to appeal the Service Start Date change(s) and/or funding commitment adjustment(s) indicated in this letter, your appeal must be RECEIVED BY THE SCHOOLS AND LIBRARIES DIVISION (SLD) WITHIN 60 DAYS OF THE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- 1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
- 2. State outright that your letter is an appeal. Identify which FRN Service Start Date change or Funding Commitment adjustment you are appealing. Indicate the relevant funding year and the date of this Form 486 Notification Letter. Your letter of.

appeal must also include the relevant Funding Request Number(\$), the applicant name, the Form 471 Application Number, and the Billed Entity Number from your Form 486.

- 3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
- 4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to:
Letter of Appeal, Schools and Libraries Division, Box 125 Correspondence Unit,
80 South Jefferson Road. Whippany, NJ 07981. Additional options for filing an appeal
can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site
<www.sl.universalservice.org> or by calling the Client Service Bureau at 1-888-203-8100.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket Nos. 96-45 and 97-21 on the first page of your appeal to the FCC. Your appeal must be RECEIVED BY THE FCC WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by calling the Client Service Bureau. We strongly recommend that you use the electronic filing options because of continued substantial delays in mail delivery to the FCC. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

NOTICE ON CIPA COMPLIANCE FOR FUNDING YEAR 2002 AND FUTURE FUNDING YEARS

Although your Form 486 has been fully data entered, the SLD will continue to investigate the CIPA compliance status of each of the entities represented on each FRN listed. If the SLD discovers that the reported CIPA compliance status for an entity is not valid, based on what was reported on your Forms 486 from prior Funding Years, there is a possibility that invoices will be denied for services being delivered to the affected entities.

NOTICE ON INVOICING

INVOICING DEADLINES: After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant; Form 474, Service Provider Invoice Form, is filed by the service provider. Invoices must be postmarked no later than 120 calendar days after the last date to receive service or 120 calendar days after the date of this Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

Please note that the **SLD** encourages service providers to work with their customers to establish whether discounts will appear on bills or whether customers prefer a reimbursement process. The \$LD will process either reimbursements based on Form **472** (\$ZAR) or discounts based on Form **474** (SPIF) for a given FRN. Once established, however, the selected process * SPIFs or 3ZARs * must be used consistently for the entire Funding Year.

NOTE: The **SLD** will base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode.

REVIEW OF INVOICES FOR COMPLIANCE WITH PROGRAM RULES

Once an invoice is in the **SLD** system, it is reviewed (electronically and, in **sone** cases, manually) for compliance with program rules. Applicants who submit 321%s or service providers who submit SPIFs may be contacted by our Program Integrity Assurance team to provide information in support of the invoice.

EXPLANATION OF INFORMATION PROVIDED IN THE FORM 486 NOTIFICATION LETTER

On the following pages is a list of FRNs for which you have notified us of a Service Start Date. To help you understand this list, the following definitions are provided. Most of these are identical to the definitions that were included in the Funding Commitment Decision Letters (FCDL) sent to you earlier.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

Form 471 Application Number: A uni ue identifier assigned to a Form 471 application by the SLD from Block 1 of the Form 4%.

Service Provider Name: The name of the service provider that you identified as providing the service included in this FRN.

Service Provider Identification Number: The unique number assigned by USAC to the service provider you identified as providing the service included in this FRN.

Billing Account Number: The account number that you have established with your service provider for billing purposes. This will be present only if a Billing Account Number was provided on the Form 471.

Service Start Date: The Service Start Date (SSD) as indicated on the Form 486. If this date is marked with an asterisk, it was changed by the SLD to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on services delivered prior to this date.

Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT): If the Service Start Date is marked with an asterisk, this field will explain why the SLD changed the date. One of the following explanations may appear:

AVSCD: The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If you indicated an earlier SSD on the Form 486, the SLD changed the SSD to the AVSCD.

120-DAY 486 DEADLINE: Forms 486 must be postmarked no later than 120 days after the start of services or no later than 120 days after the date of the Funding Commitment Decision Letter (FCDL), whichever is later. If the Form 486 is postmarked after the later of those two dates, the SLD changed the SSD to the date 120 days before the Form 486 postmark. That date will become the start date for discounted services. You are advised to keep proof of the date of mailing of your form(s).

Adjusted Funding Commitment (SHOWN ONLY IF RELEVANT): If the SLD changed the Service Start Date, that may have triggered a reduction in the funding commitment if the change of SSD reduced the number of months for which discounts on recurring services could be provided. This field will only appear if there is a reduction to the funding commitment amount.

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS (Funding Year 2002)

Funding Request Number: 762187 Form 471 Application Number: 291242 Service Provider Name: Verizon Northwest inc Service Provider Identification Number: 143004786 Service Provider Name: Verizon Northwest Inc Billing Account Number: N15EHP5894108 Service Start Date: 10/07/2002* Service Start Date Change Explanation: 120-DAY 486 DEADLINE Adjusted Funding Commitment: \$0.00 Funding Request Number: 762198
Form 41 Application Number: 291242 Service Provider Name: Telephone - Northwest r Identification Number: 123002588 I ill Accou Number: 016R207;84999

erv Start at 10/07/2002*

Service Start Date Explanation: 120-DAY 486 DEADLINE Adjusted Funding Commitment: \$0.00 Funding Request Number: 772804 Form 471 Application Number: 291242 Service Provider Name: Qwest Interprise America, Inc. fka US West Interprise Americ Service Provider Identification Number: 143000132 Billing Account Number: 541 D07 6341 341 Service Start Date: 10/07/2002* Service Start Date Change Explanation: 120-DAY 486 DEADLINE Adjusted Funding Commitment: \$17.26 Funding Request Number: 773075 Form 471 Application Number: 291242 Service Provider Name: Verio fka Verio Northwest/Portland Service Provider Identification Number: 143006674 Billing Account Number: 10075313 Service Start Date: 10/07/2002* Service Start Date Change Explanation: 120-DAY 486 DEADLINE Adjusted Funding Commitment: \$3,744.66 Funding Request Number: 773817

Form 471 Application Number: 291242

Service Provider Name: Owest Interprise America, Inc. fka US West Interprise Americ Service Provider Identification Number: 143000132 Billing Account Number: 541 D07 6340 340 Service Start Date: 10/07/2002* Service Start Date Change Explanation: 120-DAY 486 DEADLINE Adjusted Funding Commitment: \$0.00